

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33976

1. Entity Name

HOWARD CREEK BAPTIST CHURCH, INCORPORATED, OF HO

Principal Place of Business

Mailing Address

C/O LOWERY WILHITE  
RT 1 BOX 177A  
WEWAHITCHA FL 32465

C/O LOWERY WILHITE  
RT 1 BOX 177A  
WEWAHITCHA FL 32465

2. Principal Place of Business

7230 Doc Whitfield Rd

3. Mailing Address

7230 Doc Whitfield Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wewahitchka FL

City & State

Wewahitchka, FL

Zip

32465

Country

USA

Zip

32465

Country

USA

4. FEI Number

59-2965300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILHITE, LOWERY  
135 QUAIL AVENUE  
HOWARDS CREEK FL

7. Name and Address of New Registered Agent

Name

Johnson, Theo

Street Address (P.O. Box Number is Not Acceptable)

317 Murphy Rd - Howard Creek

Wewahitchka, FL 32465

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Theo Johnson Theo Johnson Trustee +  
Chairman of Deacons

3-26-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SURBER, RUTHERFORD  
STREET ADDRESS 4325 BRANNON RD.  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ Delete  
NAME MEADOWS, B.D.  
STREET ADDRESS RT. 1, BOX 1668  
CITY-ST-ZIP WEWAHITCHKA FL

TITLE D ☒ Delete  
NAME ~~WILHITE, LOWERY~~  
STREET ADDRESS ~~RT. 1 BOX 177A~~  
CITY-ST-ZIP ~~WEWAHITCHKA FL~~

TITLE D ☐ Delete  
NAME JOHNSON, THEO  
STREET ADDRESS RT. 1 BOX 177A  
CITY-ST-ZIP WEWAHITCHKA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like emp.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90064 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)